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Orthopedics	1 1 4 7 - 7 4 4 7	10-1-95
4. Issue Frequency	5. No. of Issues Published Annually	6. Annual Subscription Price
Monthly	12	140.00

7. Complete Mailing Address of Known Office of Publication *(Street, City, County, State, and ZIP+4) (Not Printer)*
6900 Grove Rd., Thorofare, Gloucester County, NJ 08086-9447

8. Complete Mailing Address of Headquarters or General Business Office of Publisher *(Not Printer)*
Slack, Inc., 6900 Grove Rd., Thorofare, NJ 08086-9447

9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor *(Do Not Leave Blank)*

Publisher *(Name and Complete Mailing Address)*
Richard N. Roash, Slack, Inc., 6900 Grove Rd., Thorofare, NJ 08086-9447

Editor *(Name and Complete Mailing Address)*
Robert D'Ambrosia, M.D. Same as Above

Managing Editor *(Name and Complete Mailing Address)*
Jennifer A. Kilpatrick Same as Above

10. Owner *(If owned by a corporation, its name and address must be stated and also immediately thereafter the names and addresses of stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address as well as that of each individual must be given. If the publication is published by a nonprofit organization, its name and address must be stated.) (Do Not Leave Blank.)*

Full Name	Complete Mailing Address
Peter N. Slack & W. Samuel Slack,Inc.	6900 Grove Rd., Thorofare, NJ 08086-944
Slack, Inc.	Same as Above
Peter N. Slack	Same as Above
W. Samuel Slack	Same as Above

11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check here. ☐ None

Full Name	Complete Mailing Address

12. For completion by nonprofit organizations authorized to mail at special rates. The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes: *(Check one)*
☐ Has Not Changed During Preceding 12 Months
☐ Has Changed During Preceding 12 Months
(If changed, publisher must submit explanation of change with this statement)

PS Form **3526**, October 1994 *(See Instructions on Reverse)*

13. Publication Name	14. Issue Date for Circulation Data Below
Orthopedics	September 1995

15. Extent and Nature of Circulation	Average No. Copies Each Issue During Preceding 12 Months	Actual No. Copies of Single Issue Published Nearest to Filing Date
a. Total No. Copies *(Net Press Run)*	23,717	24,143
b. Paid and/or Requested Circulation (1) Sales Through Dealers and Carriers, Street Vendors, and Counter Sales (Not Mailed)	-	-
(2) Paid or Requested Mail Subscriptions *(Include Advertisers' Proof Copies/Exchange Copies)*	21,824	21,869
c. Total Paid and/or Requested Circulation *(Sum of 15b(1) and 15b(2))*	12,824	21,869
d. Free Distribution by Mail *(Samples, Complimentary, and Other Free)*	1,205	1,271
e. Free Distribution Outside the Mail *(Carriers or Other Means)*	-0-	-0-
f. Total Free Distribution *(Sum of 15d and 15e)*	1,205	1,271
g. Total Distribution *(Sum of 15c and 15f)*	23,029	23,140
h. Copies Not Distributed (1) Office Use, Leftovers, Spoiled	688	1,003
(2) Return from News Agents	-	-
i. Total *(Sum of 15g, 15h(1), and 15h(2))*	23,717	24,143
Percent Paid and/or Requested Circulation *(15c / 15g x 100)*	95%	95%

16. This Statement of Ownership will be printed in the Dec. 1995 issue of this publication. ☐ Check box if not required to publish.

17. Signature and Title of Editor, Publisher, Business Manager, or Owner — Date
Richard N. Roash
Richard N. Roash, VP/Journal Publisher — 10-1-95

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions *(including fines and imprisonment)* and/or civil sanctions *(including multiple damages and civil penalties)*.

Instructions to Publishers

1. Complete and file one copy of this form with your postmaster on or before October 1, annually. Keep a copy of the completed form for your records.
2. Include in items 10 and 11, in cases where the stockholder or security holder is a trustee, the name of the person or corporation for whom the trustee is acting. Also include the names and addresses of individuals who are [illegible] who own or hold 1 percent or more of the total amount of bonds, mortgages, or other securities of the publishing corporation. In item 11, if none, check box. Use blank sheets if more space is required.
3. Be sure to furnish all information called for in item 15, regarding circulation. Free circulation must be shown in items 15d, e, and f.
4. If the publication had second-class authorization as a general or requester publication, this Statement of Ownership, Management, and Circulation must be published; it must be printed in any issue in October or the first printed issue after October, if the publication is not published during October.
5. In item 16, indicate date of the issue in which this Statement of Ownership will be printed.
6. Item 17 must be signed.

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PS Form **3526**, October 1994 *(Reverse)*